

FWHEC Enrollment Request Form

IPFW is an Affirmative Action/Equal Opportunity university.

Personal and Certification Information

Today's Date: Student ID Number:

Social Security Number:

Student Name:

Last: First: Middle:

Suffix: Maiden Name or Other Former Name:

Date of Birth: Email Address:

Street Address:

City: State: Zip: Country:

Ethnicity:

- White Non-Hispanic
- Asian or Pacific Islander
- Black Non-Hispanic
- Hispanic American
- American Indian/Alaskan Native
- Non-Resident Alien
- Other

Student's Home Institution?

- IPFW

Student's Host Institution?

- Huntington College
- Indiana Institute of Technology
- IPFW
- Ivy Tech Community College
- Manchester College
- Taylor University-Fort Wayne
- University of Saint Francis

Enrolling what semester?

- Spring 2008
- Fall 2008
- Spring 2009
- Fall 2009
- Spring 2010
- Fall 2010

Enrolling for what course at Host Institution?

Subject/Title: Course #: Credit Hours:

Replacing what course at Home Institution?

Subject/Title: Course #: Credit Hours:

Have you ever attended this Host Institution? Yes No

If yes, when?

Year:

- Fall
- Spring
- Prior to 1995
- 1995
- 1996
- 1997
- 1998
- 1999
- 2000
- 2001
- 2002
- 2003
- 2004
- 2005
- 2006
- 2007

IPFW Office of the Registrar
2101 E. Coliseum Blvd.
Fort Wayne, IN 46805-1499
260-481-6815
E-mail: mclaughp@ipfw.edu
<http://www.ipfw.edu/registrar/>

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Signature of Advisor: _____ **Date:** _____

Advisor Campus Extension: _____

I affirm that I am the above named student. In compliance with Public Law 93-380, Family Education Rights and Privacy Act of 1974 (as amended), I hereby give my written consent and do therefore authorize IPFW to release my student information as needed by the Host Institution partner connected with this request.

Signature of Student: _____ **Date:** _____